U.S. Department of Lawor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

1. File Number U - 2. Fiscal Year Covered From: 182 07 01 2004 Through: 21 31 2004 3. Name and address of person filing. 4. Name, file number, and address of labor organization.		LY BEFORE PREPARING THIS REPORT.
3. Name and address of person filing. Name TMOTHY M MEDICE A. Name, file number, and address of labor organization. Name Utility WorkER Union of America, System Utility WorkER Union of Mumber, if any Street 799 Butter, Rd. City Rictor. Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Hold an interest in, organged in transactions (including loans) with, or derived income or other acconomic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.c. Nature of Interest, Transaction, or Income. 7.c. Nature of Interest, Transaction, or Income. 8. Signature and verification. The undersigned declares, under penalty of Payiny and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete, (See the section on penalties in the instructions.)	E CONTRACTOR OF THE CONTRACTOR	
3. Name and address of person filing. Name TIMOTHY M. MEDICE Labor Organization File Number Dile (Leb.) P.O. Box, Bidg., Room No., if any Street Tog Butter, Rd. City Kithan wind State PA Street PA Table Name, if any: P.O. Box, Bidg., Room No., if any Table Name, if any: P.O. Box, Bidg., Room No., if any The Amount. Street Signature and verification. The undersigned declares, under penalty of Payiny and other applicable penalties of the law, that all of the information automated in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned strovderige and belief, true, correct, and complete. (See the section on penalties in the instructions.)	1. File Number U -	2. Fiscal Year Covered From:
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Signed Timothy M. Medice on 8.14.05 724 - 543-2027	submitted in this report (including the information contained in any accompany)	ing documents) has been examined by the cignatory and ic to the best of the
Date Telephone Number	Signed Timothy M. Medice	

Name of Person Filling Timothy M. MEDICE	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name HIGH MARK Blue Closs Blue Shield	OZ	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any Suite 2316	b. Trust c. Employer	
Street 120 5th Avenue	breumed	
City Pittsburgh		
State PA ZIP Code + 4 /5222 - 3099		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	9-15-04 Golf Outing	
Trade Name, if any:	of the second second	may it is made two majes
P.O. Box, Bldg., Room No., if any		bic makes submission
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	**************************************
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	**************************************
Name	The Commonweal of the Commonwe	mere manufactive property
Trade Name, if any:		Welforeffin on man
P.O. Box, Bldg., Room No., if any		**************************************
Street		PAVefruptAttidigus
City		a garming was produced to the
State ZiP Code + 4		ness technosophis
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	